

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

55 MAY - 1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002338 (0)

1. Corporation Name

APPLIED MANAGEMENT TECHNOLOGIES, INC.

Principal Place of Business

784 WILLOW CREST STREET
ORANGE CITY FL 32763

Mailing Address

784 WILLOW CREST STREET
ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/04/1993**
3a. Date of Last Report: **05/19/1994**

4. FEI Number: **59-3156480**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Does corporation have a federal or state registration base under Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt # etc: 22 City & State: 23
2a. Mailing Address: 26 State, Apt # etc: 27 City & State: 28
24 25 29 30

9. Name and Address of Current Registered Agent

**WELLER, BRUCE M
784 WILLOW CREST STREET
ORANGE CITY FL 32763**

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address (P.O. Box Number, Not Applicable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.0504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in this State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept this appointment as registered agent. I am a resident and accept the duties of the office of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12a. TITLE	P
12b. NAME	WELLER, BRUCE M.
12c. STREET ADDRESS	784 WILLOW CREST ST.
12d. CITY, STATE, ZIP	ORANGE CITY FL
12e. TITLE	S
12f. NAME	WELLER, NOREEN S.
12g. STREET ADDRESS	784 WILLOW CREST ST
12h. CITY, STATE, ZIP	ORANGE CITY FL
12i. TITLE	
12j. NAME	
12k. STREET ADDRESS	
12l. CITY, STATE, ZIP	
12m. TITLE	
12n. NAME	
12o. STREET ADDRESS	
12p. CITY, STATE, ZIP	
12q. TITLE	
12r. NAME	
12s. STREET ADDRESS	
12t. CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. NAME		
13c. STREET ADDRESS		
13d. CITY, STATE, ZIP		
13e. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13f. NAME		
13g. STREET ADDRESS		
13h. CITY, STATE, ZIP		
13i. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j. NAME		
13k. STREET ADDRESS		
13l. CITY, STATE, ZIP		
13m. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13n. NAME		
13o. STREET ADDRESS		
13p. CITY, STATE, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the corporation stated in Sections 607.0502, Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same legal effect as if such a certificate had been an officer or director of the corporation or had been prepared by the corporation to use on this report as required by Chapter 607, Florida Statutes, and that my name appears on this report as the person who has accepted an appointment as an officer.

SIGNATURE:

Noreen S. Weller

NOREEN S. WELLER

4/28/95

904-775-6865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR